

**WATER WELL RECORD Form WWC-5**

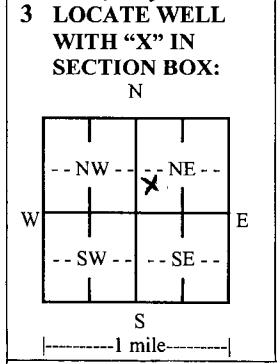
Division of Water Resources App. No.

Well ID

Original Record  Correction  Change in Well Use

**1 LOCATION OF WATER WELL:** County: Barber Fraction: 1/4 NW 1/4 SW 1/4 NE Section Number: 27 Township Number: T 31 S Range Number: R 13 E  W

**2 WELL OWNER:** Last Name: Larson First: Robt Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:   
 Business: 3212 N.W. Forest City Rd  
 Address: Medicine Lodge State: Ks ZIP: 67104 7 West 3N. Medicine Lodge



**4 DEPTH OF COMPLETED WELL:** 72 ft.  
 Depth(s) Groundwater Encountered: 1) 26 ft.  
 2) ..... ft. 3) ..... ft., or  Dry Well  
 WELL'S STATIC WATER LEVEL: 16 ft.  
 below land surface, measured on (mo-day-yr) 1-9-23  
 above land surface, measured on (mo-day-yr) .....  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Well water was ..... ft. after ..... hours pumping ..... gpm  
 Estimated Yield: 20 gpm  
 Bore Hole Diameter: 10 in. to 12 ft. and ..... in. to ..... ft.

**5 Latitude:** ..... (decimal degrees)  
**Longitude:** ..... (decimal degrees)  
 Horizontal Datum:  WGS 84  NAD 83  NAD 27  
 Source for Latitude/Longitude:  
 GPS (unit make/model: .....)  
 (WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: .....  
**6 Elevation:** ..... ft.  Ground Level  TOC  
 Source:  Land Survey  GPS  Topographic Map  
 Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic:  Household  Lawn & Garden  Livestock  
 2.  Irrigation  
 3.  Feedlot  
 4.  Industrial

5.  Public Water Supply: well ID .....  
 6.  Dewatering: how many wells? .....  
 7.  Aquifer Recharge: well ID .....  
 8.  Monitoring: well ID .....  
 9. Environmental Remediation: well ID .....  
 Air Sparge  Soil Vapor Extraction  
 Recovery  Injection

10.  Oil Field Water Supply: lease .....  
 11. Test Hole: well ID .....  
 Cased  Uncased  Geotechnical  
 12. Geothermal: how many bores? .....  
 a) Closed Loop  Horizontal  Vertical  
 b) Open Loop  Surface Discharge  Inj. of Water  
 13.  Other (specify): .....

Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: .....  
 Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter 5 in. to 22 ft., Diameter 24 in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface 24 in. Weight 160 lbs./ft. Wall thickness or gauge No. ....  
**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) .....  
 Brass  Galvanized Steel  Concrete tile  None used (open hole)  
**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)  
**SCREEN-PERFORATED INTERVALS:** From 68 ft. to 72 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 20 ft. to 57 ft., From 60 ft. to 72 ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From 0 ft. to 20 ft., From 57 ft. to 60 ft., From ..... ft. to ..... ft.  
**Nearest source of possible contamination:**  
 Septic Tank  Lateral Lines  Pit Privy  Livestock Pens  Insecticide Storage  
 Sewer Lines  Cess Pool  Sewage Lagoon  Fuel Storage  Abandoned Water Well  
 Watertight Sewer Lines  Seepage Pit  Feedyard  Fertilizer Storage  Oil Well/Gas Well  
 Other (Specify) .....  
 Direction from well? NW Distance from well? 1320 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Brown Soil	71	72	Red Shale
2	21	Red Clay			
21	34	Brown Clay			
34	47	Black Clay			
47	51	Fine Black Sand			
51	57	Black Clay			
57	64	gray Clay			
64	67	Fine gray Sand			
67	71	Med to Coarse Sand			

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year) 1-9-23 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 997 This Water Well Record was completed on (mo-day-year) 1-21-23 under the business name of Lynan's Inc Signature Ann P. Lynn

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. Visit us at <http://www.kdhcks.gov/waterwell/index.html> KSA 82a-1212 Revised 7/10/2015

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